

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>10/550642</u>		FILING DATE _____					
<b>CLAIMS</b>													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.	18	←	23	←		←				←		←	
TOTAL CLAIMS	27		25										
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TOTAL IND.		↓		↓		↓				↓		↓	
TOTAL DEP.		←		←		←				←		←	
TOTAL CLAIMS													

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